

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/519441

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4		3				
5		3				
6						
7						
8	/					
9	/					
10	/					
11		10				
12		10				
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17	/					
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20	/					
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		10				
29		10				
30		10				
31	/	10				
32		1				
33		1				
34	/	1				
35		1				
36	/	1				
37						
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48						
49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	16	←		←	←	
TOTAL CLAIMS	20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			[REDACTED]		[REDACTED]	[REDACTED]